

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/541210 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1				51						
2			1		1		52						
3			1		1		53						
4		3			1		54						
5		3			1		55						
6		3			1		56						
7		1			1		57						
8		1			1		58						
9					1		59						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	/	↓	↓	TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.		←	23	←	←	←	TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS			24				TOTAL CLAIMS						